

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILED DATE							
APPLICANT(S)								
CLAIMS								
	CID	DEP	CID	DEP	CID	DEP	CID	DEP
91								
92								
93								
94								
95								
96								
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94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	3	1	3	1				
	22	1	25	1				
	21	23	26	24				